



# Town of Bluffton

20 Bridge Street  
Bluffton, SC 29910

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: (     )     E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for the Town of Bluffton? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

What hours and days can you work? \_\_\_\_\_

Are there specific times when you cannot work? \_\_\_\_\_

Can you perform the essential functions of the job you are applying for? \_\_\_\_\_

Have you ever worked under a different name? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (     )

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (     )

Address: \_\_\_\_\_

### References (continued)

Full Name:

Relationship:

Company:

Phone: (     )

Address:

### Previous Employment

Employer Name:

Phone: (     )

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

YES

NO

May we contact your previous supervisor for a reference?

☐☐

Employer Name:

Phone: (     )

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

YES

NO

May we contact your previous supervisor for a reference?

☐☐

Employer Name:

Phone: (     )

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

YES

NO

May we contact your previous supervisor for a reference?

☐☐

### Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Is your driver's license in danger of being revoked, suspended, or canceled in this state or any other state? YES ☐ NO ☐

Do you have a pending worker's compensation case? YES ☐ NO ☐

Have you ever been discharged from a job? YES ☐ NO ☐ If yes, please explain.

Have you ever been charged, convicted of and/or plead no contest to a misdemeanor or felony, including traffic offenses?  
YES ☐ NO ☐ If yes, please explain (a conviction is not an automatic bar to employment).

#### **Disclaimer and Signature**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that by signing this application I am giving my permission to contact the references listed on this application of employment.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the Town Manager, has the authority to alter the foregoing.

The Town of Bluffton is an Equal Opportunity Employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_